



TOWN OF EAST HAMPTON

159 Pantigo Road
East Hampton, New York 11937
Office: (631)324-2417
Fax: (631)324-3085

John Rooney
Superintendent of Recreation

2022 YOUTH PARK CLINICS

***Please be aware that all Summer Recreation Programs are 1) Subject to COVID-19, NY State guidelines, and 2) that they can be cancelled at any time by THE TOWN OF EAST HAMPTON due to health concerns.**

From June 27th through August 18th there will be a variety of youth sports clinics held at the Abraham's Path Youth Park.

June 27th – August 18th

Tennis Clinic

Grades	Monday / Wednesday	Grades	Tuesday / Thursday
K & 1	9:15 – 10:15 AM	4 & 5	9:15 – 10:15 AM
2 & 3	10:15- 11:15 AM	6 & Up	10:15 – 11:15 AM

Basketball Clinic

You can pick one session for your grade. Session are Monday/Wednesday or Tuesday/Thursdays.

Grades	Monday / Wednesday	Grades	Tuesday / Thursday
K & 1	5:00 – 6:00 PM	2 & 3	5:00 – 6:00 PM
4 & 5	6:00 – 8:00 PM	6 & Up	6:00 – 8:00 PM

**\$45.00 Per Child for Each Session or
\$60.00 for Both Tennis and Basketball**

Register at Parks and Recreation Department or ONLINE @ ehamptonny.gov

Please sign up with **NOTIFY ME** on the East Hampton Town website. Select "Recreation" under the "Calendar" category to receive Recreation Program Information throughout the year.

www.ehamptonny.gov

Town of East Hampton

Waiver of Liability

PLEASE FILL IN ALL INFORMATION BELOW

As parent/guardian for _____
(names(s) of child/children enrolling)

I hereby grant permission for his/her participation in the "EAST HAMPTON Program" sponsored and administered by the TOWN OF EAST HAMPTON.

In doing so, I understand that physical activities such as these sometimes result in accidents despite the best efforts of the organizer to supervise the participants. I accept any medical bills resulting from such an accident as solely my responsibility.

Further, in permitting my child's/children's participation, I agree to hold the TOWN OF EAST HAMPTON, its employees, volunteers assisting with the program as well as its elected and appointed officials, harmless from liability, resulting from, my child's/children's participation in the program.

Name(s) of child/children:

Sex: _____ Male _____ Female			
Grade: _____	Grade: _____	Grade: _____	Grade: _____
Age: _____	Age: _____	Age: _____	Age: _____

Address: _____ Program: _____

Telephone #: _____ Cell Phone: _____

Child's/Children's School: _____ Parent's E-mail: _____

Date: _____ Parent/Guardian Signature: _____

Parent/Guardian Name PRINTED: _____